MIAMI, FL 33	134		
Current Ma	iling Address:		
564 SW LE. MIAMI, FL	JUNE ROAD 2ND FLOOR 33134		
FEI Numbe	r: 46-3378595		Certificate of Status Desired: No
Name and A	Address of Current Registered Agent:		
MIRO, CLAUD			
564 SW LEJUN MIAMI, FL 331	NE ROAD 2ND FLOOR 134 US		
MIAMI, FL 331		its registered office or regis	tered agent, or both, in the State of Florida.
MIAMI, FL 331	34 US	its registered office or regis	tered agent, or both, in the State of Florida. 01/09/201
MIAMI, FL 331	34 US	its registered office or regis	
MIAMI, FL 331 The above name SIGNATUR	ad entity submits this statement for the purpose of changing E: CLAUDIO MIRO	its registered office or regis	01/09/201
MIAMI, FL 331 The above name SIGNATUR	ad entity submits this statement for the purpose of changing E: CLAUDIO MIRO Electronic Signature of Registered Agent	its registered office or regis	01/09/201
MIAMI, FL 331 The above name SIGNATURI Authorized	Bar Statement for the purpose of changing E: CLAUDIO MIRO Electronic Signature of Registered Agent Person(s) Detail :		01/09/201 Date
MIAMI, FL 331 The above name SIGNATUR Authorized Title	 Bar A US ad entity submits this statement for the purpose of changing E: CLAUDIO MIRO Electronic Signature of Registered Agent Person(s) Detail : D 	Title	01/09/201 Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLAUDIO MIRO

Entity Name: MIRO DENTAL ASSOCIATES, LLC

Current Principal Place of Business:

564 SW LEJUNE ROAD 2ND FLOOR

01/09/2019 Date

FILED Jan 09, 2019 **Secretary of State** 1611639140CC

Electronic Signature of Signing Authorized Person(s) Detail

D